

Interdepartmental letterhead

Mail Station L-5

Ext: 3-8770

December 1, 2005

TO: Associate Directors

FROM: Wayne J. Shotts

SUBJECT: Implementation of the revised Chronic Beryllium Disease Prevention Program
UCRL-AR-144636-REV-2

The Laboratory's Chronic Beryllium Disease Prevention Program (CBDPP) has recently been revised; the revised document is UCRL-AR-144636-REV-2 (June 30, 2005). A critical change in the revised CBDPP that must be implemented is to ensure that all individuals newly assigned to beryllium work, including those working in chemical hygiene laboratories, complete the requirement for a baseline beryllium (Be) lymphocyte proliferation blood test (LPT) before commencing any work that entails possible airborne exposure. Employees may complete the requirement either by taking the LPT or declining it.

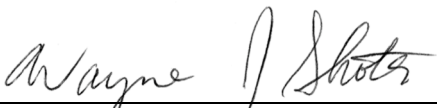
Effective December 2, 2005, all Authorizing Individuals (AIs) and Responsible Individuals (RIs) must ensure implementation of the new requirements for identification of workers, baseline LPT, and training for all workers with potential exposure to airborne beryllium at the following times:

1. When workers are added to a new or existing IWS (or equivalent work control document), before they begin any beryllium work;
2. When a major change is made to an existing IWS (or equivalent work control document);
3. No later than December 1, 2006, for all other IWSs (or equivalent work control documents).

Using the attached guidance and revised IWS form, AIs and RIs for beryllium work are to ensure that all workers with potential exposure to airborne beryllium have completed the following before work involving potential beryllium exposure begins:

1. Classify worker's exposure potential;
2. Ensure workers have completed the baseline LPT requirement;
3. Ensure workers have been properly trained in beryllium hazards and controls.

Additional information or assistance on these requirements, as well as other questions related to implementation of the CBDPP, is available through the ES&H Teams or from George Fulton at 4-5162. For questions on the medical aspects of the CBDPP, please call Health Services Department, Bill Pereira, M.D., at 2-0382.


Wayne J. Shotts
Deputy Director for Operations

Attachments (2)

cc:

Beach, Rex D.	L-668
De Grange, Connie	L-668
Estes, Ruby	L-723
Failor, Rebecca A.	L-382
Fulton, George P.	L-379
Grasso, Harvey D.	L-293
Johnson, James S.	L-379
Noonan, Kathleen	L-723
Pendexter, Larry L.	L-309
Pereira, William	L-723
Roarty, Dawn	L-455
Seward, James P.	L-723
Wong, Howard J.	L-384
ES&H Team 1	L-373
ES&H Team 2	L-452
ES&H Team 3	L-344
ES&H Team 4	L-508
ES&H Team 5	L-369

bcc:

Assurance Managers:

Akey, Kevin	L-660
Bissani, Mo	L-005
Carr, Steve	L-668
Counts, Dave	L-176
Fischer, Linda	L-559
Hodsdon, Mike	L-653
Kan, Irene	L-051
Mahler, Steve	L-638
Marden, Doug	L-090
Marsh, Ken	L-580
Schwartz, Ron	L-019
Vance, Bill	L-165
Woo, Howard	L-151

Operations Council:

An, Jong	L-051
Berge, Patricia	L-221
Elster, Leland	L-435
Knight, Dan, for Peterson, Barbara	L-176
Lane, Monya,	L-151
Lateiner, Manny	L-668
Lopez, Jim	L-653
Michels, Ted	L-559
Robinson, Denise	L-005
Sedlacek, Larry	L-160
Shotts, Wayne	L-001
Smith, Pam	L-660
Souza, Lori	L-090
Turteltaub, Brenda	L-314
Wenning, Sarah	L-452
Wisoff, Jeff	L-466
Yon, Lynda	L-001
Yunker, Lee	L-005

Requirements and Guidance on Determining if a Worker is Designated as Exposed, or Potentially Exposed, to Airborne Beryllium

The following requirements and guidance are provided to assist in determining if a worker is currently designated as exposed, or potentially exposed, to beryllium in work subject to 10 CFR 850, "Chronic Beryllium Disease Prevention Program (CBDPP)," or to 29 CFR 1910.1450, "Occupational Exposure to Hazardous Chemicals in Laboratories," and the actions that are to be taken. Your best resources to address this issue are ES&H Team Industrial Hygienists, Team Clinicians, and the Beryllium Subject Matter Expert.

In implementing these requirements, the first priority is to new IWSs and workers newly assigned to tasks that may have beryllium exposure. All other IWSs, as they are reviewed shall be brought in conformance with these requirements no later than December 1, 2006. The requirements for workers designated as exposed, or potentially exposed, are summarized in the following tables:

Table 1a. Requirements for Workers Subject to 10 CFR 850

Classification*	Training	Medical Exam Frequency
BAW-1	HS4256	Annual
BAW-2	HS4256	Triennial
Future BAW	Information packet only	LPT only

Table 1b. Requirements for Workers Subject to 29 CFR 1910.1450 (Chemical Hygiene Laboratories)

Classification*	Training	Medical Exam Frequency
BAW-1	HS4254-W	Annual
BAW-2	HS4254-W	Triennial
Future BAW	Information packet only	LPT only

* Acronyms are described in the text below

The eIWS has been modified to capture the necessary information. Organizations not using the eIWS are to follow the same process and may use the attached revised IWS form.

These requirements are effective December 2, 2005.

Activities Subject to 10 CFR 850

Although no exposure threshold is specified in 10 CFR 850, examples of situations that would result in a worker being designated as exposed, or potentially exposed, include the following:

- Working with beryllium in a process or operation that can produce airborne beryllium.
- Working at tasks, regardless of the level of airborne concentration, such as
 - machining, milling, polishing, grinding, drilling, or welding beryllium;
 - repairing or servicing equipment that has removable beryllium contamination that exceeds release levels;
 - maintenance of systems used to contain and control beryllium;
 - working in an area where dispersible beryllium exceeding release levels is present;
 - other operations that disturb or abrade beryllium in a way that results in contamination exceeding release levels.
- Future beryllium associated workers are those who are not currently engaged in activities that meet the above criteria; however, it has been identified that they must be available to engage in such work on short notice.

To determine if a worker should be designated as exposed, or potentially exposed, the following are to be considered:

- If air sampling shows measurable airborne concentrations of beryllium, the worker is designated as *exposed to beryllium*, regardless of the respirators being used.
- If the worker is handling beryllium contaminated ($\geq 0.2 \mu\text{g}/100 \text{ cm}^2$) items, the worker is designated as *exposed or potentially exposed to beryllium*. If the parts are not known to be clean (i.e., there is verified contamination $< 0.2 \mu\text{g}/100 \text{ cm}^2$) they are assumed to be contaminated.
- If air sampling shows no detectable exposure and there is no surface contamination above the release criteria ($< 0.2 \mu\text{g}/100 \text{ cm}^2$), the worker is *not exposed*.
- Mere presence or transient in an area where beryllium is present, even if contaminated, would not result in a worker being designated as exposed, unless there is an ambient level of beryllium in the air due to beryllium activity in the area.

If the exposure, or potential exposure, is ≥ 10 days/year, the worker is designated as a Beryllium Associated Worker-1 (BAW-1). They must complete the required training, HS4256 Beryllium Worker Training; and they will receive an annual offer of the appropriate medical surveillance examination. Under the revised CBDPP, if exposure or potential exposure is < 10 days/year, the worker is designated as a Beryllium Associated Worker-2 (BAW-2). They must complete the required training, HS4256 Beryllium

Worker Training; and they will receive a triennial offer of the appropriate medical surveillance examination.

Classifications BAW-1 and BAW-2 are a measure of relative risk. Some situations may warrant a different approach: a less frequent activity with a potential for higher exposures (a higher potential risk) should result in designating a worker as a BAW-1; likewise, a more frequent activity with very little potential for exposure (a lower potential risk) might not classify a worker as a BAW-1, but as a BAW-2. In case of uncertainty as to frequency or exposure potential, the more conservative approach is to designate the worker as a BAW-1. Contact your ES&H Team Industrial Hygienist for assistance in evaluating your specific situation.

The revised eIWS will allow Responsible Individuals (RI) to select one of the following categories: BAW-1 (≥ 10 days per year), BAW-2 (< 10 days/year), or future beryllium associated worker (potential future exposure).

Activities Subject to 29 CFR 1910.1450

Work with beryllium in chemical hygiene laboratories is now clearly and consistently addressed by the overall beryllium program as follows:

- The air and surface standards of 10 CFR 850 apply to work in chemical hygiene laboratories.
- Chemical hygiene laboratory workers are to be offered medical surveillance just like workers subject to the CBDPP.
- Training in beryllium hazards shall be provided as required by the LLNL Chemical Hygiene Plan; a Hazards Control course is being developed to assist the programs in meeting this requirement.
- Other regulatory aspects of 10 CFR 850 do not apply to chemical hygiene laboratories.

The revised eIWS also has a check box for classifying a work area as a "chemical hygiene" laboratory. ES&H Team Industrial Hygienists can assist in this determination. The chemical hygiene classification determines the appropriate training course. This new LLNL policy clarifies certain aspects of the CBDPP to chemical hygiene laboratories, specifically the offer of medical surveillance in the same manner as for worker subject to the CBDPP. Classification of worker exposure (BAW-1, BAW-2, future BAW) is to be done in the same manner. New chemical hygiene IWSs are to be handled in the same manner as those subject to the CBDPP. A new training class, HS4254-W, for workers in chemical hygiene laboratories is being developed.

Scheduling Medical Surveillance

Beryllium medical surveillance consists of the lymphocyte proliferation test (LPT), and other medical tests as determined by 10 CFR 850, and at the discretion of the examining physician. The critical test to be completed prior to any beryllium exposure is the LPT as this test is indicative of whether the worker's immune system is sensitized to beryllium. "Completed" means that the LPT is to be offered by the Health Services Department and either performed (blood drawn) or declined. The remainder of the medical surveillance examination can be performed later.

Summary

In summary, any new IWS or modification to an existing IWS on or after December 2, 2005, involving work with the potential for airborne beryllium requires the immediate implementation of the medical surveillance and training requirements noted above. All other IWSs involving beryllium-related work will address these requirements as part of their review, and no later than December 1, 2006.

These and other changes to the CBDPP will be formalized in the near future through revision of the applicable ES&H Manual documents (including Documents 2.2, 10.1 and 14.4), the LTRAIN questionnaire, and eIWS system to expand the classification of beryllium associated workers. These actions will facilitate the implementation of all aspects of the revised CBDPP as quickly as possible.

Contacts and More Information

Employees who are listed on a beryllium IWS may call Health Services Department, at 2-7462, to schedule or decline the LPT test. For additional information on the beryllium LPT, or other health aspects of beryllium exposure, please call Bill Pereira, M.D., at 2-0382.

Organizations not using the eIWS system must ensure that RIs assigned to an IWS with the beryllium box selected implement this process accordingly. For assistance, contact George Fulton, Beryllium Subject Matter Expert, at 4-5162.

Integration Work Sheet (IWS)

IWS _____ ☐ SP attached _____ Title: _____

PART I ADMINISTRATIVE INFORMATION *(completed by RI)*

Management Chain: Name of Responsible Individual (RI), Alternate RI, names of line managers between the RI and Authorizing Individual (AI), name of AI, name of the Authorizing Organization and title of AD _____

Location	Facility	Room(s)	FPOC	ES&H Team	Intended Start Date: <input type="checkbox"/> or to be determined
					Est. Completion Date: <input type="checkbox"/> or ongoing

Employees (E) & Guests (G) assigned to this activity:

Name	E or G	Employee #	Name	E or G	Employee #

PART II SCOPE OF WORK & SP *(completed by RI)*

Scope of Work: Describe the work activity, emphasizing the safety aspects of the work (not the scientific basis) and the use of hazardous material or ☐ Scope of work attached

Safety Plan (SP)—Is there a current SP (SP form or OSP or FSP) covering this work? ☐ Yes- attach# _____

☐ New SP needed—attach _____ ☐ SP not needed (see ES&H Manual Doc 2.2 App. A)

*Is this IWS for Chemical Hygiene work only? ☐ Yes ☐ No

*Does this apply to all locations? ☐ Yes ☐ No *If No, list locations it does not apply to: _____

PART III HAZARDS/ENVIRONMENTAL ASPECTS & CONTROLS *(completed by RI)*

Hazards/Environmental Aspects and Controls: Check off the hazards involved in the work.

☐ **Biological** ☐ Infectious materials/other biohazards (pathogens, human fluids protein toxins, recombinant DNA, exposure to sewage) ☐ Sharps/ needles
☐ Human use experiments ☐ Lab animals ☐ Other animals (wild, domestic, insects) ☐ Toxic plants ☐ Food for humans
☐ Other biological _____

☐ **Chemical (Hazardous Material)** ☐ Flammable, volatile or fuming ☐ Toxic materials (acutely toxic, toxic, systemic toxin, toxic gases) ☐ Corrosives /irritants ☐ Reactive materials (e.g., air/water sensitive; pyrophoric; thermally, shock, or friction sensitive; perchlorate) ☐ Carcinogens, mutagens, reproductive hazards ☐ Pesticides ☐ Beryllium ☐ Materials of special concern (e.g., alkali metals, fluorine, asbestos, lead, mercury, PCB) ☐ Other regulated metals (e.g., chromium, copper, nickel, zinc) ☐ Other chemical _____

☐ **Construction/Equipment/Working Surfaces** ☐ Construction, maintenance, modification, demolition ☐ Asbestos removal ☐ Safety system maintenance (deactivated alarms, interlock bypass) ☐ Drilling ☐ Working on contaminated equipment ☐ Service, maintenance, or modification of de-energized equipment ☐ Moving/lifting large or heavy items (including use of cranes/hoists, powered lift) ☐ Machine tools/powder-actuated tools ☐ Welding, soldering, thermal cutting ☐ Stored potential energy ☐ Sharp edges/ shears ☐ Pulleys, belts, gears, pinch points ☐ Walking/working on irregular surfaces
☐ Work at heights > 6 ft ☐ Roof access ☐ Steep or slippery terrain ☐ Soil disturbance, excavating, grading, and disposal
☐ Other construction/equipment/working surfaces _____

☐ **Discharges to Air** ☐ Produces criteria pollutants (e.g., organics, NOx, ozone, outdoor dust) ☐ Source regulated by Air District ☐ Hazardous Air Pollutants (e.g., beryllium, radioactive materials used) ☐ Solvents, adhesives, coatings ☐ Exhaust ventilation ☐ Potential to emit other air pollutants
☐ Greenhouse gas emissions ☐ Other discharges to air _____

☐ **Discharges to Water/ Soil/ Groundwater** ☐ Discharge of process water to sanitary sewer or septic system ☐ Discharge to ground/soil or storm drain system ☐ Connection to retention tank, percolation pits ☐ Categorical process (e.g., metal finishing, electronics) ☐ Discharge to arroyo or other surface water ☐ Other discharges to water/soil/groundwater _____

☐ **Ecological and Cultural Resources** ☐ Disturbances to soils, drainage channel, stream bed, floodplain, natural habitats, wetlands, buffer zone, other undisturbed area (ecological) ☐ Work in area designated as having cultural or paleontological resources ☐ Work in area designated as sensitive habitat (ecological) ☐ Other ecological and cultural resources _____

☐ **Electrical** ☐ Batteries (short circuit >10 A or >50 V) ☐ Capacitors (>10 J electrical energy) ☐ Electrical power source (>140 V or > 30 A or >10 J of electrical, or 2 or more sources of electrical power) ☐ Energized electrical equipment (work on exposed, energized electrical equipment >50 V, 20 A, or portable equipment at other than ground potential) ☐ Static electricity ☐ Hi-potential testing (>500 V) ☐ Other electrical _____

☐ **Emergencies/Earthquakes/Fire** ☐ Potentially unique emergency issues ☐ Unique earthquake safety issues ☐ Unique fire safety issues
☐ Spill/Release of hazardous and/or radioactive constituents ☐ Other emergencies/earthquakes/fire _____

☐ **Explosives/Firearms** ☐ Explosives, high explosives, propellants, pyrotechnic or similar energetic material ☐ Mock explosive ☐ Firearms
☐ Other explosives/firearms _____

☐ **Pressure/Noise/Hazardous Atmospheres** ☐ Low Pressure systems <150 psig-gas, <1500 psig liquid, <100 kJ stored energy ☐ High pressure system >150 psig -gas or >1500 psig liquid ≥100 kJ stored energy ☐ Pressure systems containing hazardous fluids ☐ Vacuum systems ☐ Cryogenics
☐ Noise (> 85 dB) ☐ Confined spaces/ oxygen deficiency, asphyxiant ☐ Hazardous atmospheres
☐ Other pressure/noise/hazardous atmospheres _____

* For optional Team Industrial Hygienist use only. Not integrated into e-IWS system at this time.

Integration Work Sheet (IWS)

PART III HAZARDS/ENVIRONMENTAL ASPECTS & CONTROLS *(continued)*

<input type="checkbox"/>	Radiation- Ionizing/Non-ionizing	<input type="checkbox"/> Radioactive material (encapsulated, non-encapsulated)	<input type="checkbox"/> Fissionable material in excess of Table 1 in ES&H Manual Doc 20.6	<input type="checkbox"/> Radiation-generating devices (RGD) (accelerator, x-ray machine, e-beam, high voltage in a vacuum)
<input type="checkbox"/>	<input type="checkbox"/> Non-ionizing radiation- class 3a – unattended or invisible, 3b, or 4 lasers, or intense UV, visible, or infrared illumination <input type="checkbox"/> Electric/ magnetic fields < 3 kHz			
<input type="checkbox"/>	<input type="checkbox"/> Radio frequency/microwaves sources > 3 kHz <input type="checkbox"/> Emission to atmosphere <input type="checkbox"/> Other radiation-ionizing/non-ionizing _____			
<input type="checkbox"/>	Remediation and Monitoring <input type="checkbox"/> Grading or excavating in contaminated areas <input type="checkbox"/> Movement/disposal of soil <input type="checkbox"/> Disturbing contaminated groundwater			
<input type="checkbox"/>	<input type="checkbox"/> Other remediation and monitoring _____			
<input type="checkbox"/>	Storage Tanks <input type="checkbox"/> Wastewater retention tank <input type="checkbox"/> Tanks storing materials/products <input type="checkbox"/> Other storage tanks _____			
<input type="checkbox"/>	Temperature/Weather <input type="checkbox"/> Extremely hot or cold surfaces, steam (burn hazard) <input type="checkbox"/> Weather exposure or temperature extremes (harsh weather, lightning, temperature extremes) <input type="checkbox"/> Exposure to intense sunlight <input type="checkbox"/> Other temperature/weather _____			
<input type="checkbox"/>	Transportation <input type="checkbox"/> Hazardous material or waste transportation <input type="checkbox"/> Radioactive material or waste transportation <input type="checkbox"/> Transportation of material between sites			
<input type="checkbox"/>	<input type="checkbox"/> Use of vehicles (aircraft, ATV, boat) <input type="checkbox"/> Off-road driving <input type="checkbox"/> Other transportation _____			
<input type="checkbox"/>	Waste <input type="checkbox"/> Hazardous waste <input type="checkbox"/> Radioactive waste (TRU, LLW)			
<input type="checkbox"/>	<input type="checkbox"/> Mixed waste or other waste with no disposal option			
<input type="checkbox"/>	<input type="checkbox"/> Medical or Biohazardous Waste <input type="checkbox"/> Non-Regulated Biological (NRB) <input type="checkbox"/> Municipal wastes			
<input type="checkbox"/>	<input type="checkbox"/> Industrial waste <input type="checkbox"/> Material for recycling <input type="checkbox"/> Other waste _____			
<input type="checkbox"/>	Worker Capability/Motion <input type="checkbox"/> Lifting manually >30 pounds <input type="checkbox"/> Work involving repetitive motion <input type="checkbox"/> Hand tools <input type="checkbox"/> Work alone <input type="checkbox"/> Work after hours			
<input type="checkbox"/>	<input type="checkbox"/> Work involving individuals <18 years of age <input type="checkbox"/> Work requiring specific unusual physical capabilities <input type="checkbox"/> Other work capability/motion _____			
<input type="checkbox"/>	Natural Resources <input type="checkbox"/> Water Use (in industrial, experimental, process activities) <input type="checkbox"/> Electrical Energy Use			
<input type="checkbox"/>	<input type="checkbox"/> Nonhazardous Material use (metal stock, paper, plastic, glass, etc.)			
<input type="checkbox"/>	<input type="checkbox"/> Land Use/Land Management <input type="checkbox"/> Fossil Fuel consumption			
<input type="checkbox"/>	<input type="checkbox"/> Other _____			
<input type="checkbox"/>	Other Hazards and Environmental Aspects <input type="checkbox"/> Other Hazards and Environmental Aspects _____			

Hazard Description and Controls: Describe each hazard listed above and the specific controls: (engineered controls, personal protective equipment, etc. State if Chemical Hygiene, etc.)

Hazard Description	Control

Training: List the required training and the individual requiring the training by name

Name	Employee #	Course#

PART IV SITE LOCATION/DIRECTORATE ADDITIONS

Site Location/Directorate-Specific Additions: Site location (e.g., S-300, NTS, off-site) or Directorate-specific additions can be added here.

PART V ES&H DOCUMENTS/PERMITS/APPROVALS MEDICAL SURVEILLANCE

ES&H Documents / Permits / Approvals / Medical Surveillance: The following controls are required:

<input type="checkbox"/>	ES&H Documents needed: <input type="checkbox"/> IWS only-(WAL B) <input type="checkbox"/> IWS & Safety Plan- (IWS/SP-WAL C) <input type="checkbox"/> Other ES&H Documents: _____
<input type="checkbox"/>	LLNL Work Permits/Approvals: _____
<input type="checkbox"/>	Agency Work Permits/Approvals: _____
<input type="checkbox"/>	Medical Surveillance/Certification: _____

PART VI SIGNATURES

As the RI, I have reviewed the hazards and agree to implement the controls identified in this IWS:

Responsible Individual (RI): _____ **Date:** _____

The proposed work falls within the safety envelope of the facility/area and may commence once authorized:

FPOC Concurrence _____ **Date:** _____

FPOC Concurrence (if required) _____ **Date:** _____

I have reviewed the hazards and controls for this work and concur that the work may commence once authorized:

Site Location/Directorate Specific Concurrence (if required) _____ **Date:** _____

The hazards and controls have been properly identified and the work may commence once authorized (Note: ES&H Team or designee concurrence is required for WAL B; ES&H Team concurrence is required for WAL C.)

ES&H Concurrence: _____ **Title:** _____ **Date:** _____

Approval: The controls have been confirmed and this proposed activity is authorized to proceed.

Authorizing Individual (AI) _____ **Date:** _____

Integration Work Sheet (IWS)

To be completed by the ES&H Team or their Designee or the RI (Transfer information on the checked items to Part V of the IWS form)


ES&H Documents:

- ☐ **IWS only needed** (WAL B- ES&H Team or designee concurrence required)
- ☐ **IWS & Safety Plan (IWS/SP) needed** (WAL C - ES&H Team concurrence required)
- ☐ **Other ES&H Documents needed:**

- ☐ Safety Basis document update needed (e.g., USQ or other)
- ☐ Engineering safety note needed
- ☐ NEPA document needed
- ☐ Job Hazard Analysis needed (JHA) _____
- ☐ Other _____

Attach required documentation or list where the documents can be found: _____

LLNL Permits/Approvals/Consultations/Reporting:

- ☐ Building and/or equipment drain
- ☐ Interior concrete floor, wall, and ceiling penetration
- ☐ Asbestos permit
- ☐ Confined space permit
- ☐ Hot work
- ☐ Hazardous work permit (ES&H Manual Doc. 17.1 Sec. 3.18)
- ☐ Lead work
- ☐ Radiation work permit
- ☐ Roof access
- ☐ Soil excavation, grading (dig permit), and/or drilling permit
- ☐ CMID tag needed
- ☐ Soil movement/disposal
- ☐ Preconstruction, site evaluation request form
- ☐ Radioactive waste (Lifecycle planning)
- ☐ Pollution Prevention evaluation needed
- ☐ Energy efficiency or water conservation analysis needed
- ☐ Significant environmental aspect(s) identified  Optional text: _____
- ☐ LLNL Committee approval (committee name) _____
- ☐ Other: _____

Agency Work Permits/Approvals:

- ☐ Air district notification for asbestos and/or demolition
- ☐ Air permit/exemption
- ☐ NESHAP
- ☐ Waste permit/exemption
- ☐ Water discharge permit/exemption
- ☐ Fish and Wildlife consultation
- ☐ Other: _____

Medical Surveillance/Certification:

- ☐ Asbestos worker
- ☐ Beryllium associated worker-1 (potential exposure 10 days or more/year)
- ☐ Beryllium associated worker-2 (potential exposure less than 10 days/year)
- ☐ Future Beryllium associated worker (no current exposure, but potential future exposure)
- ☐ Works with Biohazards
- ☐ Works with Carcinogens
- ☐ Hazardous Waste worker
- ☐ Hearing Conservation required
- ☐ Lead handler
- ☐ Commercial Drivers License required
- ☐ Crane Operator
- ☐ Explosives worker
- ☐ Firefighter
- ☐ Laser Eye exposure potential
- ☐ Respirator required
- ☐ PAP ☐ PSAP ☐ PSO _____
- ☐ Other: _____